UTAH DEPARTMENT OF NATURAL RESOURCES - DIVISION OF OIL, GAS AND MINING

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SMALL MINING OPERATIONS PROGRESS REPORT January 1, 2015 to December 31, 2015

FEB 08 2016

The information required in this form is based on provisions of the Mined Land Reclamation Act, Title 40-8, and the R647 rules under the Utah Minerals Regulatory Program. It is due January 31 of each year. Attach additional pages as needed.

1. Mine Permit Number: <u>S/390</u> /041
2. Mine Name: Gunnison Valley Mine
Name of Operator/Permittee:Mountain Valley Stone, Inc Note: If Operator's address, company representative and/or phone number have changed, submit replacement page(s) for the Notice of Intention together with form MR-REV available on the Division's web page at https://fs.ogm.utah.gov/pub/MINES/Minerals_Related/FORMS/MR-REV.pdf .
4. Report the gross amount of ore or product mined and waste moved.
Gross ore or product mined (amount) (unit) Waste material moved (amount) (unit)
Waste material moved (amount) (unit)
Primary Commodities Produced
5. Total disturbed area from previous reporting year New disturbance created during current reporting year Total disturbed area at the end of this reporting year Acres Acres*
* The total disturbed area includes reporting year and previous year disturbances minus areas of regrading and reseeding that have received approval for bond release. The Total area should not be greater than the permitted/bonded acreage.
Areas of reclamation eligible for bond release Areas regraded during the year Areas reseeded during the year (-) Acres** (-) Acres**
** To apply for full or partial bond/site release submit form MR-SITE available at the Divisions web page at https://fs.ogm.utah.gov/pub/MINES/Minerals_Related/FORMS/MR-SITE.pdf .
Briefly describe reclamation work performed during current reporting year. If there was no production shown in Line 4, describe any maintenance work conducted that required earthmoving equipment. Include an updated map depicting surface disturbance and reclamation performed during the year and any updates to the operation plan.
I hereby certify the information provided in this report is true and correct to the best of my knowledge and belief. Name (Typed or Print): Robert Hicken
Title of Operator: President
Signature of Operator:
Date: 2/1/16 D:\FORMS\reports\Annual reports-2015\MR-AR-SMO2015 MB.doc